



February 11<sup>th</sup> 2013

Dear Parents and Students,

I hope you are all doing well and are enjoying the winter weather. I just wanted to make you aware of some upcoming dates and information.

- **February 21<sup>st</sup> - Festival Concert-7:00 P.M./8:00 P.M. in the P.A.C**
- **February 26<sup>th</sup> - MSBOA Festival—Harbor Lights Middle School West Ottawa**

The February 21<sup>st</sup> concert will be split in half. Starting at 7:00 p.m. will be the 8<sup>th</sup> grade band, 8<sup>th</sup> grade orchestra, concert orchestra, and concert band. Starting at 8:00 p.m. will be the chamber orchestra, wind ensemble, and symphony orchestra.

The date for festival this year is February 26<sup>th</sup> and will be at Harbor Lights Middle School right here in Holland. We are in desperate need for chaperons for this event. Here are the times we would needed chaperones for each of the bands on the 26<sup>th</sup>.

- **8<sup>th</sup> Grade**= 8 a.m. to 11:36 A.M.
- **Concert band**= 12:15 P.M to 6:00 P.M
- **Wind Ensemble**= 1:30 P.M to 6:00 P.M

Please fill out the attached forms and return them with your student by **Friday February 15<sup>th</sup>**!

Chaperoning festival is a great way to support all the hard work your kids have put in to prepare for festival.

All the students have been working hard on their festival music and this is sure to be an exciting couple of weeks for the Holland bands.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Bogue', written in a cursive style.

Jonathan Bogue  
Director of Bands

Time	Event	Secondary Event	Group	Number of Students	Number of Chaperones	Number of Busses
8:00 A.M	8th Grade Report to band room		8th Grade band	48	6	
8:15 A.M	Load the Busses and Depart	Percussion/ Large instruments Unloads	8th Grade Band	48	6	2
8:30 A.M	Arrive at Harbor Lights		8th Grade Band	48	6	
8:50 A.M	Watch Hundonsville		8th Grade Band	48	6	
9:30 A.M	8th Grade Report to Warm Up		8th Grade Band	48	6	
10:15 A.M	8th Grade Performance		8th Grade Band	48	6	
11:15 A.M	8th Grade leaves for Holland/New Tech		8th Grade Band	48	6	
11:30 A.M	8th Graders eat lunch at either new tech or at HHS	Return to class for 5th period	8th Grade Band	48	6	
12:15 P.M	Concert Band Reports to Band room		Concert band	65	9	
12:30 P.M	Concert Band Departs HHS		Concert band	65	9	
12:45 P.M	Concert Band Arrives at Harbor Lights	Percussion/large instruments to loading dock	Concert band	65	9	
1:05 P.M	Concert Band watches Martin Symphonic Band And Jenison		Concert band	65	9	
1:30 P.M	Wind Ensemble Reports to Band Room		Wind Ensemble	54	7	
1:45 P.M	Wind Ensemble Departs HHS		Wind Ensemble	54	7	
2:00 P.M	Wind Ensemble Arrives at Harbor Lights	Percussion/large instruments to loading dock	Wind Ensemble	54	7	
2:15 P.M	Concert Band Goes into Warm Up		Concert band	65	7	
2:45 P.M	Concert Band Performance		Concert band	65	7	
2:45 P.M	Wind Ensemble watches concert band & Jenison		Wind Ensemble	54	7	
4:15 P.M	Wind Ensemble goes into warm up		Wind Ensemble	54	7	
4:15 P.M	Concert Band watches Jenison HS and Holland High School		Concert band	54	7	
4:45 P.M	Wind Ensemble Performs		Wind Ensemble	54	7	
5:45 P.M	Concert and wind Ensemble Packs up and returns to HHS	Percussion/large instrument load the truck	Wind and Concert Band	119	16	3
6:00 P.M	Return to HHS	Percussion/large instrument unload the truck	Wind and Concert Band	119	16	

Holland Public Schools  
Educational School Day Field Trip Form  
Parental Permission

*This portion to be completed by HPS Staff:*

Teacher Name: Mr. Bogue Building: HHS

Destination: West Ottawa Harbor Lights Middle School

Date of Trip: 2/26/2013

Transportation for this activity:     School Bus     City Bus System     Private Automobile

Commercial Carrier (please name): \_\_\_\_\_

Please return this permission slip by: 2/15/2013

*Dear Parent: Please fill out the information below, sign, and return by the date indicated above:*

\_\_\_\_\_ has my permission to accompany his/her class on  
*Student Name*

the school day field trip as listed above. I understand that this field trip will be supervised by classroom teachers and chaperones.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Students that participate on field trips are expected to follow the rules of student conduct as outlined in the Holland Public Schools Student handbook. Please review these rules with your child.*

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Holland Public Schools**  
**Student Emergency Contact Form**

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Trip Destination: West Ottawa Harbor Lights Middle School Date of Trip: 2/26/2013

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Place of Business: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Place of Business: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Family Hospitalization Insurance Company and Policy Number:  
\_\_\_\_\_

Name, address and phone number of your closest relative (other than parent) we could contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate any drugs your child is allergic to: \_\_\_\_\_

Please indicate any medications your child is taking: \_\_\_\_\_

Please indicate any illness that could interfere with the trip (example: diabetes, bee stings, epilepsy, asthma):  
\_\_\_\_\_

Name, address and phone of your family physician:  
\_\_\_\_\_

Please disregard this portion if you filled out a Power of Attorney form:

We, the parents of \_\_\_\_\_, authorize \_\_\_\_\_  
*Student Name* *Teacher(s) Name(s)*

To obtain emergency medical services for our child while on trip listed above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Note to HPS Staff members:**

- Please leave a copy of this form with your school secretary 24 hours prior to your field trip.
- If a student is absent on the day of the field trip, please call your school secretary for attendance purposes. Please leave a voice mail if there is no answer.

# Holland Public Schools Field Trip Chaperone Form

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*Because student safety is of vital concern, all volunteers must be approved by the Human Resource Office by submitting to a criminal background check. In addition, all volunteers must be at least 21 years old. Please complete the Volunteer Information Form if you have not already turned one in.*

- I understand that as a chaperone for the following field trip I serve as a teacher's helper and will be responsible for the group of students assigned to me.
- As a chaperone for Holland Public Schools I will follow district policies, follow the directions given by the lead teacher, and model appropriate behaviors for students.
- I understand that the students in my group must stay with me, their chaperone, at all times.
- I understand that I will be responsible for the behavior of students assigned to my group. I am familiar with the student conduct policy as outlined in the Holland Public School student handbook.
- I will follow the itinerary set out by the lead teacher and be at the agreed upon meeting spot(s) at the appropriate times.
- I have already completed and turned in the HPS Volunteer Information Form.
- I have completed and attached the HPS Volunteer Information Form.

Field Trip Destination: West Ottawa Harbor Lights Middle School

Date of Trip: 2/26

Teacher/Class: Mr. Bogue/ Wind Ensemble

Chaperone Name (print/type please): \_\_\_\_\_

Chaperone Signature: \_\_\_\_\_

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In the event that I have a personal emergency, please contact:

\_\_\_\_\_  
Print/Type Name                      Relationship                      Daytime Phone

**Note to HPS Staff Members:**

*Please leave a copy of this form with your school secretary 24 hours prior to your field trip.*

156 W 11<sup>th</sup> Street • Holland, Michigan 49423 • Phone: (616) 494-2040 • Fax: (616) 393-7676  
[www.hollandpublicschools.org](http://www.hollandpublicschools.org)

# Volunteer Information Form

## Holland Public Schools

Parent Name: (first and last): \_\_\_\_\_

Please list children in the HPS system and the school(s) they attend and their teacher(s) name:

Name of Child(ren):	School:	Teacher:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***For the protection of your child/ren, all volunteers must have a background check completed.***

Name: \_\_\_\_\_ Your Birthdate: \_\_\_\_\_  
Last First Middle month/day/year

Home Address: \_\_\_\_\_  
Street Address City State zip

Ethnicity: \_\_\_\_\_  Male  Female Phone Number: \_\_\_\_\_

Have you ever been convicted of a crime other than an offense involving a minor traffic violation?  Yes  No

(If yes, explain): \_\_\_\_\_

Are any felony charges or proceedings pending against you? (If yes, explain below)  Yes  No

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse/neglect or rape of a child? (If yes, explain below)  Yes  No

### **VOLUNTEER PLEDGE**

If I am assigned as a school volunteer, I accept the responsibility to serve in support of the educational program and supplement the work of the professional staff under their supervision. I understand that it is important to be reliable, be unobtrusive, channel suggestions constructively, keep information confidential, and comply with school rules. I understand that I am offering my services without compensation to Holland Public Schools.

I understand that the above information is required by the central records division of the Michigan State Police, Lansing, Michigan. I also authorize and unqualifiedly grant permission to Holland Public School District and its administration to make inquiries and to obtain any records from child protection agencies, law enforcement and/or judicial authorities to determine whether any record of criminal conviction exists and whether there are any felony charges pending against me, including the nature of the offenses.

I do hereby release Holland Public Schools, its individual Board members, employees, and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which may result from this investigation related to my consideration for volunteer work with Holland Public Schools.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Holland Public Schools does not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability or limited English proficiency or any of its programs or activities. Inquiries regarding the district's nondiscrimination policies should be directed to: The Director of Human Resources, Holland Public Schools, 156 W 11<sup>th</sup> Street, Holland, MI 49423. Phone: 616-494-2025*